Add/Change/Delete Form v4.4

Sponsor Form

Required sections/fields are indicated with an asterisk (*).

Select Applicable Program(s)*

- ☐ National School Lunch Program (NSLP)
- ☐ Summer Food Service Program (SFSP)
- ☐ Child and Adult Care Food Program (CACFP)
- ☐ NSLP At-Risk Afterschool Meals
- ☐ CACFP At-Risk Afterschool Meals

Requested Action(s)*

- ☐ Add New Sponsor
- ☐ Change Sponsor Entity Name
- ☐ Change Sponsor Address
- ☐ Add a New Site
- ☐ Change Site Name
- ☐ Change Site Address
- ☐ Delete Sponsor
- ☐ Delete Site

Sponsor Entity Information

*Sponsor Entity Name:		*Sponsor Entity CTDS #:
If requesting an entity name change, input the former entity name:		
*Physical Address:		
*City:	*State:	*Zip Code:
If requesting a change to the sponsor address, input the former physical address:		
*Mailing Address: ☐ Same as physical address.		
*City:	*State:	*Zip Code:
If requesting a change to the sponsor address, input the former mailing address:		
*Phone #:	Fax #:	
Website URL:		
Effective Date of Add/Change/Delete (date of form completion or future date):		

New Sponsor Entities Only: Complete this section to tell Health and Nutrition Services more about the new entity.

- ☐ Traditional Child Care
- ☐ Adult Care Center
- ☐ At-Risk Afterschool Care Center
- ☐ Emergency Shelter
- ☐ Head Start
- ☐ Outside of School Hours Care Center
- ☐ Private School
- ☐ Faith Based Organization/School
- ☐ BIE/Tribal Group
- ☐ Residential Child Care Institution
- ☐ Community Organization
- ☐ Other:

Additional Entity Details: ☐ Public Organization ☐ Private Non-Profit *Attach 501c3* ☐ Private For-Profit

Authorized Signer Information

Printed Name:	Authorized Signature:	
Phone #:	Email:	Date:

For Arizona Department of Education Health and Nutrition Services Staff Use Only

Program Year:	Program Approval Signature:	Date:

Site Form

Required sections/fields are indicated with an asterisk (*).
If the entity is a public school (District or Charter), only complete the sections with two asterisks (**).

Sponsor Entity Name:	Sponsor Entity CTDS #:

Sponsor to Site Relationship Information

☐ Non-Associated Site
* Must have an approved Inter-Agency Agreement on file

☐ Associated Site

Site Entity Information		
**Site Entity Name:		**Site Entity CTDS #:
If requesting a change to the site name, input former site name:		
*Physical Address:		
*City:	*State:	*Zip Code:
If requesting a change to the site address, input former physical:		
*Mailing Address: ☐ Same as physical address.		
*City:	*State:	*Zip Code:
If requesting a change to site address, input former mailing address:		
*Phone #:	Fax #:	
Website URL:		

New Site Entities Only: Complete this section to tell Health and Nutrition Services more about the new site entity.

☐ Traditional Child Care
☐ Adult Care Center
☐ Emergency Shelter
☐ At-Risk Afterschool Care Center
* Attach enrichment schedule and documentation of area eligibility
☐ Head Start
☐ Outside of School Hours Care Center
☐ Private School
☐ Faith Based Organization/School
☐ BIE/Tribal Group
☐ Residential Child Care Institution
☐ Community Organization
☐ Other:

Licensed Care Centers Only: Indicate how the new site entity is licensed to operate. *Attach License.

☐ Department of Defense
☐ Department of Economic Security
☐ Department of Health Services
☐ Department of Child Safety
☐ Exempt from License Requirements
☐ Tribal License or Approval

Additional Entity Details: ☐ Public Organization ☐ Private Non-Profit *Attach 501c3* ☐ Private For-Profit

Notes from Entity or HNS: